



Augusta Judicial Circuit
Administrative Office of the Courts

Honorable James G. Blanchard, Jr.
Superior Court Judge

Elaina Ashley
Accountability Court Coordinator
Augusta Judicial Circuit
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DRUG COURT SPECIAL REQUEST FORM

Date: _____ Participant's Name: _____

A special request is required to be submitted in order to obtain approval from the court.
Place a check by your request. Include specific dates and times, persons and locations involved.

- ☐ Day/Weekend Pass (From Date: ____/____/____ to ____/____/____) (Phase I Participants MAY NOT receive a pass) Provide SPECIFIC details: _____
- ☐ Be excused from Treatment (Date: ____/____/____) Times: _____ Provide SPECIFIC details: _____
- ☐ Phase Up (Current Phase: _____ to Phase: _____) You may only be considered for a phase up if all program requirements have been met (i.e. program fees, community service/work detail, phase requirement positive period, etc.)
- ☐ Change of residence/phone effective as of (Date: ____/____/____) Provide SPECIFIC details: _____
- ☐ Change of employment effective as of (Date: ____/____/____) Provide SPECIFIC details: _____
- ☐ Other - Provide SPECIFIC details: _____

As I participant in the Augusta Judicial Circuit Adult Felony Drug Court program, I understand that I may not miss curfew; change employment, address, or phone number; go out of town; miss treatment, court, or drug screens without obtaining permission from the court.

Participant's Signature

Received By: _____

Date Received: _____

DC TEAM: Approved ☐

Denied ☐

Date Approved: _____

SPECIAL REQUESTS MUST BE TURNED IN BY 3 PM THE TUESDAY BEFORE COURT IN ORDER TO BE CONSIDERED BY:

A) To Treatment B) Fax to (706) 849-3739 or C) email sstewart@augustaga.gov w/subject heading: Special Request